

nemann's Organon. The enormous polypharmacy of modern times is an ex-erescence on science, unsupported by any evidence of necessity or fitness, and of which the more complicated formulas are so arbitrary and useless, that, if by any chance they should be forgotten, not one in a hundred of them would ever be re-invented. And as to the chronicles of cure of diseases that are not yet known to be curable, they are written, not in the pages of philosophic observers, but in the tomes of compilers, the aspirations of journalists, and the columns of advertisers."

There is one very important point which is left in the dark in Dr. Bigelow's book, simply because he is so brief. We refer to the relation of what is ordinarily reckoned as palliative treatment, and so called by Dr. Bigelow, to the cure of disease. He states the objects of medical practice to be, "1. The cure of certain diseases. 2. The relief or palliation of all diseases. 3. The safe conduct of the sick." Now palliation or relief in the large majority of cases in which recovery takes place, has more to do with the recovery than any of those means which are considered as positively curative. Indeed in many the recovery is dependent upon palliation and relief, it being in such cases absolutely necessary to the successful issue of nature's efforts to relieve the suffering and quiet the disturbance of disease. In every such case the physician as really cures the disease as when he applies medicines that are positively and directly curative.

Our author believes that medical practice ought, so far as it can be, to be laid open to the public, instead of being wrapped in more mystery than belongs to it, and asserting claims which are entirely unwarrantable. On this point he thus remarks: "It is the part of rational medicine to enlighten the public and the profession in regard to the true powers of the healing art. The community require to be undeceived and re-educated, so far as to know what is true and trustworthy from what is gratuitous, unfounded, and fallacious. And the profession themselves will proceed with confidence, self-approval and success, in proportion as they shall have informed mankind on these important subjects. The exaggerated impressions now prevalent in the world, in regard to the powers of medicine, serve only to keep the profession and the public in a false position, to encourage imposture, to augment the number of candidates struggling for employment, to burden and disappoint the community already overtaxed, to lower the standard of professional character, and raise empirics to the level of honest and enlightened physicians."

W. H.

ART. XVIII.—*Practical Dissections.* By RICHARD M. HODGES, M. D. Demonstrator of Anatomy in the Medical Department of Harvard University. 1 vol. 12mo., pp. 254. John Bartlett: Cambridge, 1858.

WE have presented to us in this little book, a new American dissector's guide. It comes in a style somewhat out of the ordinary way, being printed on tinted paper and bound in marbled covers, giving it rather a "holiday aspect." These peculiarities, at first sight attractive, are, we think, of positive disadvantage, since being intended for use in the dissecting-room, its covers should be made of the least absorbent and perishable materials; and further, as during the winter the greatest number of dissections are invariably made at night, the want of contrast between the ink and the tinted paper, makes the perusal rather painful than pleasant; besides which the book soils just as readily as if the pages were white.

The practical directions are set up in entirely too small type.

So much for the general appearance of the work, which we presume is chargeable to the taste of the publisher.

In regard to its intrinsic merits, we are sorry to say that we do not find as much to commend as we should like. Our author in his preface quotes, thus "the smallness of the size of a book is always its own recommendation, as on the

contrary the largeness of a book is its own disadvantage as well as the terror of learning." And he certainly has been fully impressed with the correctness of this very erroneous idea. We, on the contrary, maintain that no book is too large which properly investigates the subject upon which it treats, and every book is too small which gives crude and imperfect notions of what it proposes to teach. "*Μεγα βιβλιον μεγα κακον*" is a proverb which in the majority of instances is better forgotten than remembered. Indeed the prevalent desire at the present time seems to be, to see not *how much* but *how little* of anatomy may be learned by a student of medicine to insure his degree; these *little* books are the very things for such cases. We certainly agree with the author that minute anatomy and some other matters are out of place in a "dissector," but we want full and lucid descriptions of all that is left after this pruning out.

We are told that "illustrations have been omitted, for the reason that they add to the expense of a book, often without enhancing its real value, and from a belief that they are liable to great abuse, by distracting attention from the descriptive text to the numbered references, the simple verification of the latter taking the place of the full information only to be obtained from the former." We had supposed that the time had gone by, when any individual would attempt to excuse himself for the neglect of a most valuable method of teaching upon such untenable grounds as these. Pictorial illustrations are of such acknowledged value that the student would willingly pay for their use, rather than be deprived of them; and as to their "great abuse by distracting attention from the descriptive text," our author might on the same basis recommend the student to eschew dissections lest when he turns to his subject, the original of the pictures, his attention should be distracted from the full information of the said text. It is well known that few descriptions, even those emanating from the most practical minds, are adequate to convey a distinct impression of the object under consideration, and that pictures may therefore be made a means of correcting ideas and assisting the student to recognize the part in his subject. The use of a practical anatomy constructed without illustrations, will invariably double the labour of the demonstrator, who is then constantly called upon to recognize for his student, the nerve, vessel or muscle sought, when a simple glance at a wood-cut would "verify" the description; and this remark will be fully supported by the experience of any one who has had the charge of large classes. The decided advantage which illustrations would be to this book, will be shown by a reference to the description of the muscles of the pinna, on p. 3.

"The *major helicis* is to be found on the anterior border of the helix, just above the tragus.

"The *minor helicis* is placed upon that part of the rim of the ear which extends into the concha," etc. etc.

Now, if these descriptions give the slightest idea of the shape or direction of the muscles in question, we have failed to gain it. To be sure these muscles are not of any particular importance to the student, but if it was worth while to put them in large type, it was worth while to illustrate such imperfect text in a manner to render it clear.

The body of the book is opened by "A few general rules to be observed in dissecting," thus: The use of the belly of the knife in exposing muscles, the point in exposing arteries, the necessity of good forceps, etc., are briefly referred to, and then the "Maxims for the dissecting-room" are summed up thus:—

"1. Cover the part with damp cloths after dissecting. Drying is worse than decomposing.

"2. Put all the fragments on a piece of paper, which, with all fluids, are to be removed as they accumulate.

"3. Make everything tense, if possible, before dissection, and complete the dissection of one thing thoroughly, before another is commenced.

"4. Never leave a muscle until you come to bone at both ends—if there is bone.

"5. Let the eye go before the hand, and the mind go before the eye.

"6. Know what the books say, and cross-examine them in presence of the subject."

We cannot say that we consider these maxims as either elegant or correct.

In regard to the second maxim we should simply remark that in most well-

regulated dissecting-rooms, tin dishes and sponges are furnished, which are more appropriate than pieces of paper.

Concerning the impropriety of the latter part of the third, and the fourth maxims, as general rules, many of the subsequent pages amply testify. It is frequently impossible to "complete the dissection of one thing thoroughly before another is commenced;" and the direction, "never leave a muscle till you come to bone at both ends—if there is bone," is equally erroneous in practice. Thus, see p. 90: "The insertion of the biceps and brachialis anticus cannot be examined till a subsequent stage of the dissection." Neither can the long head of the biceps be properly examined until the shoulder-joint is opened for its study. On p. 125: "The insertion" of the flexor carpi radialis "cannot be seen till the hand is dissected." On p. 126, in speaking of the flexor sublimis digitorum: "inferiorly it divides into four tendons which pass beneath the annular ligament, to be inserted into the base of the second phalanges of the fingers, as will be seen in the dissection of the hand." In short, any one can call to mind many instances, both of muscles, arteries, and nerves, the dissection of which cannot be completed before they are left, since they extend through various regions, all of which cannot be opened at the same time.

There are some errors in the book which we are inclined to regard as typographical, although they are of such a glaring character that they should not have occurred. Thus on p. 7 we have: "Beneath this muscle," speaking of the levator labii superioris proprius, "will be found the branches of the *infra-orbital* nerve; being the terminal filaments of the superior maxillary branch of the *THIRD* pair of cranial nerves." This, however, is put correctly on p. 22. On p. 9: "Beneath the depressor anguli oris will be found issuing from the mental foramen, the termination of the *inferior dental* branch of the *SUPERIOR* maxillary trunk of the *THIRD* pair of cranial nerves." On p. 11 this is in a casual way stated correctly.

There is also to be noticed the improper spelling of certain words, which we hold to be of importance. We refer, *firstly*, to the name of a part of the innominate bone, viz., *pubes*. In using this term our author seems to vacillate somewhat between pubis and pubes, but on the whole, we think he rather favours pubis, as this is his most frequent spelling. Thus on p. 148 he speaks of the "spine of the pubis;" on p. 149 of the "crest of the pubis;" and on p. 230, says, "attached to the bones of the pubis," whilst on p. 211 he speaks of "the ramus of the pubes and ischium." Without doubt *pubes* is the proper word to employ, either in the singular or plural, and the bone is either "the pubes," or the "os pubis," or the "public bone."

Secondly. *Hilus* is improperly used for *hilum*. There is no such word as hilus, although it has been used pretty freely in the descriptions which our author gives of the spleen, liver, and kidneys. We must, however, give him credit for the use of the word *calvaria*, which is often very improperly written *calvarium*.

The practical directions, though short, are, in general, good; some, however, are, we think, open to criticism; thus on p. 3, we are told: "To obtain a perfect idea of the external auditory canal, a plaster or wax cast of it should be made; the canal being previously cleared of all accumulated cerumen, and oiled with a feather, the cast when hardened will be easily extracted." Experiment does not seem to verify this statement, which we were inclined to doubt in the first place, from the anatomical construction of the parts, which is very imperfectly referred to on p. 79, where the author, speaking of the osseous portion, says "its lower wall describes a curve, the convexity of which is directed upwards;" and, in fact, all anatomists agree that the meatus is most contracted in the middle, whilst Sharpey and Quain tell us that "the outer opening is larger in the vertical diameter, but the tympanic end of the tube is slightly oval in the opposite direction." We however had the experiment tried in some five or six cases; the plaster in every instance, even though set in some for twenty-four hours, broke without coming away, and the wax could only be removed while yet warm, so that, yielding to compression, it could not give "a perfect idea of the external auditory canal."

We are told on p. 6, when speaking of the lachrymal gland, that "its excretory ducts cannot be demonstrated." This can often be done, as pointed out by Cru-

veilhier, by rubbing a solution of carmine, or slightly diluted ink, in the superior palpebral sinus, when the orifices will fill with the colour.

In the directions on p. 13, for the removal of the calvaria, we are told "it may be done more neatly with a saw guided in the proper direction by a string tied round the head." This is almost equal to making an ink-mark over a vein as a guide in bleeding. It is useless as a guide, since, if the saw leaps from the forming groove, the string will certainly be cut; we fancy that the operator had better "let the eye go before the hand, and the mind go before the eye," when he will perform a much more successful section. We are also told that "the saw is to be carried through the outer table of the bone only, and the inner one fractured by a chisel and mallet; this saves the membranes of the brain from being wounded." Yes, this result would certainly follow if it were possible to saw through the outer table *only*; but we do not suppose, knowing the varying thickness of the several bones, that this feat is likely to be performed more than once in a very long series of attempts. We have rarely seen it successful, either in our own or other hands, and Cruveilhier, who has had *some* experience, says, "but it is almost impossible to avoid cutting the brain with the saw." The dura mater, and even the brain, will accordingly very often be found cut, especially in the regions of the temporal fossæ, after such a section.

In speaking of brains on p. 64, he says: "The autopsy-room is the only place where they can be obtained fresh enough for dissection, and the firmness of their tissue may be improved by several days' immersion in alcohol." It would seem, therefore, that our author has no experience with the solution of chloride of zinc as a preservative, with which nearly all subjects are now injected previously to the use of plaster or other material. In these cases, the brain is almost invariably so firm that in recent subjects the cranium need not be opened until every other part is dissected, and even after "material" has been kept for many months, the brain is not unfrequently in excellent order for examination, its colour only, in either instance, being destroyed.

The anatomical descriptions are singularly loose in many instances.

In referring to the borders of the falk cerebri on p. 14, he says: "the inferior, which is concave and free, is in contact with the corpus callosum of the brain;" now this *contact* occurs *only* at the back part, so that, in the front part of the median fissure, the hemispheres covered by pia mater are actually in contact; we have frequently seen a very considerable space between the greater part of the inferior margin of the falk and the corpus callosum, the visceral arachnoid, as usual, passing from one hemisphere to the other, not being far beneath the margin.

On p. 167: "If the peritoncum be peeled off from the intestine, the *muscular coat*, consisting of pale, transverse fibres, will be seen beneath it; in the large intestine these are chiefly collected in the longitudinal bands characteristic of that part of the tube." We, however, think it probable that, unless the external longitudinal layer of fibres of the small intestine is peeled off with the peritoneum, these will be seen overlying the circular fibres; but we do not think it probable that the *transverse fibres* will be seen gathered into the longitudinal bands of the large, as the text certainly reads.

On p. 202, we are gravely informed that "The orifice of the vagina is transversely elliptical; in the virgin it is sometimes partly closed by a circular fold of mucous membrane, called the *hymen*; after childbirth, this is destroyed," etc. etc. Comment upon this paragraph is perhaps unnecessary. A vaginal orifice, *transversely elliptical*, would be curious to look upon, and the history of a hymen destroyed *after* childbirth, would certainly border on the marvellous. That this destruction, when delayed, must occur *during* childbirth, there seems to be but little doubt; and that it is accomplished, in most instances, at a period considerably anterior to this event, seems to be the general experience of observers. Accordingly, this destruction will be found to have taken place, *usually*, at the time of the first successful sexual connection.

The anatomy of the perineum, p. 184, is particularly unsatisfactory; so is the description of the nasal fossæ. In fact, our new practical guide resolves itself into nothing but an imperfect anatomical remembrancer.

We must, however, commend the division of the book into dissections of the

proper length, which is well done, and would form a most useful basis for a larger and more complete work. Economy of "material" and systematic labour are certainly the results of this proceeding.

In concluding this notice, we take pleasure in saying that we have observed on several pages indications that Dr. Hodges is not by any means unacquainted with his subject, and has alluded to the more recent investigations in descriptive anatomy. But we have always held that, if correctness of language and spelling, and clearness of description, are ever necessary to a medical man, it is during his pupilage, when impressions are received that are almost ineffaceable, even though they may be learned to be wrong years afterwards; hence our critical examination of this preliminary work.

The A B C's of the profession should be clear and distinct if it is to be properly respected.

W. H. G.

ART. XIX.—*Guy's Hospital Reports.* Edited by SAMUEL WILKS, M. D., and ALFRED POLAND. Third Series, Vol. IV. London, 1858. 8vo. pp. 371.

THE present volume of this always welcome publication contains twelve original communications, eight wood-cuts, and fourteen lithographic plates. The following is an analysis of its contents:—

I. *Case of Epithelial Cancer of the Oesophagus, in which Gastrotomy was performed.* By S. O. HABERSHON, M. D.

II. *Description of the Operation of Gastrotomy.* By J. C. FORSTER.

These two articles, as they relate to the same ease, for the sake of simplicity and brevity, will be considered conjointly. They present the detailed history of the symptoms observed in a patient affected with epithelial cancer, which, from its position, interfered both with deglutition and respiration, and of an operation performed for the purpose of establishing an artificial opening through which food might be introduced directly into the stomach.

It is well to state here that when they submitted their patient to the operation, neither Dr. Habershon nor Mr. Forster was aware that it ever had been practised before. Some of our readers must have remarked in Dr. Habershon's recently published treatise on diseases of the alimentary canal,¹ that the propriety of forming a gastric fistula in cases of organic stricture of the oesophagus is therein argued in a manner that shows the author not to have been aware that an operation for the formation of one had ever been performed. From its extreme rarity, we will give the whole history of this ease, as briefly as possible, and using, so far as we can, the words of the original communications.

A man, 47 years of age, of ordinary stature, entered the hospital in the beginning of October, 1857, under Dr. Habershon's care, labouring under considerable dyspncea. Examination showed the pulse compressible, but regular; the heart's sounds normal; the respiratory murmur indistinct, with some sibilant râle. After a short time he began to complain of severe pain in the throat during coughing, and in a few weeks pain was also produced in swallowing, especially when solids were taken. In December deglutition had become very difficult, so that liquids only could be taken. In February, on examining the throat, Mr. Forster detected, for the first time, a rounded tumour, situated below the epiglottis, towards the right side, and evidently obstructing the commencement of the oesophagus. In March the voice had become more feeble, and deglutition had become so difficult that nutrient injections were had recourse to. The respiration had now become so difficult that, on the second of March, tracheotomy was performed, the incision being made as low down as possible. The operation, however, did not afford any relief; the trachea appeared flattened from behind, and the patient could not bear the tracheal tube inserted; when it was attempted, he appeared to be quite

¹ Pathological and Practical Observations on Diseases of the Alimentary Canal, Oesophagus, Stomach, Cæcum, and Intestines. London, 1858. P. 28.